BARRIERS TO EFFECTIVE HEALTHCARE DELIVERY: UNVEILING THE LIVED EXPERIENCES OF SOLO-DUTY OCCUPATIONAL HEALTH NURSES IN SELECTED DISTRICTS OF LAGUNA PROVINCE

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This study explored the lived experiences of solo-duty occupational health nurses (OHNs) in selected districts of Laguna Province, particularly the barriers influencing their delivery of healthcare services. A qualitative hermeneutic phenomenological research design guided by van Manen's approach was employed. Six occupational health nurses working independently in manufacturing companies participated in semi-structured interviews. Patricia Benner's Novice to Expert model served as the theoretical framework, while van Manen's four lifeworld existentials guided the interpretation of participants' experiences. Three major themes emerged: Competence in Isolation, which described the development of independent clinical judgment and professional competence despite limited immediate support; Limited Clinical Authority and Resources, which reflected organizational restrictions, inadequate medical resources, and employee noncompliance; and Resilience and Its Ethical Cost, which highlighted nurses' perseverance alongside emotional exhaustion, ethical concerns, and professional accountability. The findings revealed that independent occupational health nursing fostered clinical competence and adaptability but also exposed nurses to organizational, professional, and psychosocial challenges. The study emphasized the importance of clearly defined clinical responsibilities, accessible professional consultation, adequate medical resources, continuing education, and organizational support. It concluded that strengthening institutional systems was essential to supporting solo-duty occupational health nurses in delivering safe, effective, and ethically responsible workplace healthcare.

Keywords: *occupational health nurses, solo-duty nursing, healthcare delivery, lived experiences, hermeneutic phenomenology, workplace barriers*

Introduction

Occupational health nurses (OHNs) play an essential role in promoting employee health, preventing occupational illnesses and injuries, responding to workplace emergencies, and ensuring compliance with occupational safety and health regulations. Unlike hospital-based nurses who commonly work within multidisciplinary healthcare teams, occupational health nurses in manufacturing establishments may perform their responsibilities independently, often serving as the only healthcare professional available during a shift. This arrangement requires clinical competence, professional autonomy, sound judgment, and the ability to manage competing workplace responsibilities.

In the Philippines, Republic Act No. 11058 strengthens compliance with occupational safety and health standards and establishes requirements concerning workplace health personnel, facilities, and safety programs (Department of Labor and Employment [DOLE], 2018). Nevertheless, regulatory compliance does not necessarily ensure that occupational health nurses have sufficient resources, clinical authority, or professional support to perform their responsibilities effectively. These concerns are particularly relevant in Laguna Province, where numerous manufacturing establishments rely on occupational health personnel to maintain employee health and workplace safety.

Occupational health nursing extends beyond the provision of immediate clinical care. Nurses are responsible for health surveillance, employee education, emergency response, medical documentation, referral coordination, and workplace health promotion. Performing these responsibilities independently may strengthen clinical judgment and professional confidence. However,

limited organizational support, inadequate supplies, restricted decision-making authority, and competing operational priorities may create barriers to effective healthcare delivery.

Previous studies have identified organizational and resource-related difficulties affecting occupational health and safety implementation. Astutik et al. (2024) emphasized the importance of organizational commitment, adequate resources, and employee participation in strengthening workplace safety systems. Similarly, Bryan et al. (2023) highlighted workplace loneliness as an occupational experience that may affect employee well-being. These findings suggest that professional independence, although potentially beneficial to competency development, may also create psychological and organizational challenges when appropriate support systems are absent.

The study was anchored in Patricia Benner's Novice to Expert model, which explains the progressive development of nursing competence through practical experience. The framework recognizes that nurses strengthen their clinical judgment, decision-making, and professional understanding as they encounter increasingly complex practice situations. In solo-duty occupational health nursing, this perspective provides a basis for understanding how independent responsibilities contribute to professional development while exposing nurses to uncertainty and ethical challenges.

The inquiry also employed van Manen's hermeneutic phenomenological approach to understand how participants interpreted their experiences. Through the lifeworld dimensions of lived body, lived time, lived space, and lived human relations, the study examined the meanings nurses attached to their independent

clinical responsibilities, workplace interactions, and professional challenges.

Although existing literature has discussed occupational health nursing competencies, workplace safety systems, and organizational barriers, limited research has specifically examined the lived experiences of solo-duty occupational health nurses in manufacturing establishments in Laguna Province. Understanding these experiences is important for identifying the professional and institutional conditions that support or constrain effective healthcare delivery.

Accordingly, this study explored the lived experiences of solo-duty occupational health nurses in selected districts of Laguna Province, focusing on the barriers they encountered and how these challenges shaped their professional responsibilities, clinical decision-making, and delivery of occupational healthcare.

Methods

The study employed a qualitative hermeneutic phenomenological research design guided by van Manen's approach to explore and interpret the lived experiences of solo-duty occupational health nurses in selected districts of Laguna Province. The research was conducted among occupational health nurses employed in manufacturing establishments where they independently managed workplace health responsibilities. Six participants, comprising five women and one man aged 22–40 years, were recruited through snowball sampling. Three initial participants who satisfied the inclusion criteria referred other eligible nurses within their professional networks. Participants were required to be actively employed as solo-duty occupational health nurses, possess at least three months of occupational health

practice, and be capable of providing written informed consent. Their solo-duty experience ranged from four months to twelve years. Data collection continued until the sixth interview, when the researcher reported that no new themes or substantial variations emerged. A semi-structured interview guide evaluated by three qualitative research experts for clarity, relevance, and appropriateness was used to gather participants' narratives. Interviews were conducted privately, either in person or through teleconferencing, according to participants' preferences. Follow-up questions were employed to clarify responses and obtain detailed descriptions of experiences. With participants' consent, interviews were audio-recorded, transcribed using Microsoft Word, and repeatedly checked against the recordings to ensure accuracy. Data were analyzed through van Manen's six interconnected research activities, using holistic, selective, and detailed approaches to identify significant statements, interpret meanings, and develop emergent themes. The four lifeworld existentials—lived body, lived time, lived space, and lived human relations—were used as interpretive guides. A qualitative research expert independently reviewed and coded the transcripts and emerging themes, and the researcher considered similarities and discrepancies during theme refinement. Ethical considerations included informed consent, voluntary participation, the right to withdraw without consequence, anonymity, and confidentiality. Participant identities were represented through codes P1–P6, while recordings and transcripts were stored in a password-protected folder accessible only to the researcher.

Results and Discussion

The analysis of the six participants' narratives generated three interconnected themes: Competence in Isolation, Limited Clinical

Authority and Resources, and Resilience and Its Ethical Cost. These themes illustrated how independent occupational health nursing contributed to professional competence while exposing nurses to organizational restrictions, limited resources, emotional demands, and ethical responsibilities.

Competence in Isolation

The first theme, Competence in Isolation, described how solo-duty occupational health nurses developed professional competence through independent clinical practice. Participants reported making clinical decisions without the immediate assistance of another healthcare professional, particularly when assessing employees, managing emergencies, and determining appropriate interventions.

One participant described the responsibility of independent decision-making:

"Ikaw lahat magde-decide kung paano mo iha-handle ang isang pasyente..." (P1)

Another participant referred to the development of a "clinical eye" through accumulated experience (P3), illustrating how repeated exposure to clinical situations strengthened the ability to recognize patient needs and make appropriate judgments.

These findings were consistent with Benner's Novice to Expert model, which emphasizes the progressive development of nursing competence through experience. As nurses encounter various clinical situations, they gradually strengthen their ability to recognize patterns, prioritize patient needs, and exercise professional judgment.

However, the findings also revealed that independent practice could involve uncertainty, particularly when nurses encountered unfamiliar clinical situations without immediate professional consultation. Although independence provided opportunities for professional development, it also required nurses to assume substantial responsibility for decisions affecting employee health and safety.

The findings suggested that professional autonomy should be accompanied by accessible consultation and mentorship. Employers may strengthen occupational healthcare delivery by establishing reliable communication channels with physicians, providing continuing clinical education, and implementing clear emergency management protocols.

Limited Clinical Authority and Resources

The second theme, Limited Clinical Authority and Resources, described the organizational and operational barriers that restricted nurses' ability to provide timely and appropriate healthcare.

Participants reported difficulties involving inadequate medicines and equipment, limited emergency supplies, delays in procurement and transportation, restricted access to medical information, and organizational policies requiring approval from supervisors who were not immediately available.

One participant expressed concern regarding inadequate resources:

“Paano ka naman makakapag-provide ng quality care kung kulang kulang ka naman sa gamit” (P1)

Another participant described the limitations imposed on professional decision-making:

"parang isang kamay mo ay nakagapos" (P5)

These accounts illustrated the tension between clinical responsibility and organizational authority. Although occupational health nurses were expected to respond independently to employee health concerns, their ability to implement appropriate interventions was sometimes constrained by company policies, resource availability, and administrative approval processes.

The findings were consistent with Astutik et al. (2024), who identified organizational commitment, resource availability, and employee participation as important considerations in occupational safety and health implementation. They also reflected the broader concern that regulatory requirements may not always translate into adequate operational support.

Employee noncompliance and limited health awareness further complicated occupational health nursing practice. Participants encountered situations in which employees did not consistently follow health recommendations, creating additional difficulties in promoting preventive healthcare and workplace safety.

These findings emphasized that effective occupational healthcare delivery depended not only on nurses' clinical competence but also on the organizational systems supporting their practice.

For employers and occupational health administrators, the results suggested the importance of ensuring adequate medical supplies, establishing clear clinical authority, strengthening

emergency referral arrangements, and improving coordination among nurses, management, and other healthcare professionals.

Resilience and Its Ethical Cost

The third theme, Resilience and Its Ethical Cost, described how solo-duty occupational health nurses continued fulfilling their responsibilities despite physical, emotional, professional, and organizational challenges.

Participants demonstrated resilience through self-directed learning, advance preparation, resourcefulness, continued employee education, and adaptation to workplace demands. These behaviors reflected their commitment to maintaining healthcare services even when resources and professional support were limited.

However, their resilience was accompanied by emotional exhaustion, anxiety concerning clinical accountability, and the burden of independently managing consequential healthcare decisions.

One participant described how fatigue affected the ability to think clearly:

"Parang nagsama-sama na 'yung sobrang pagod, antok… 'di na nakakapag-isip ng maayos" (P4)

This account illustrated the potential consequences of prolonged occupational demands on concentration and clinical decision-making.

The findings were relevant to Bryan et al. (2023), whose systematic review identified workplace loneliness as an important occupational experience. In solo-duty occupational health nursing,

the absence of immediate professional support may intensify feelings of isolation and emotional strain.

The findings also highlighted an ethical concern: nurses were expected to provide safe and effective healthcare while working within conditions that sometimes prevented them from fully exercising their professional judgment.

Although resilience enabled participants to continue delivering healthcare services, it could not eliminate the consequences of inadequate resources, unclear clinical authority, or insufficient organizational support.

The theme therefore emphasized that resilience should not be regarded as a substitute for institutional responsibility. Employers should establish mechanisms for professional consultation, manageable workloads, psychosocial support, and appropriate clinical accountability.

Synthesis of the Findings

The three themes demonstrated that solo-duty occupational health nursing involved a continuing interaction among professional competence, organizational limitations, and personal resilience.

Competence in Isolation illustrated how independent responsibilities contributed to professional growth and clinical judgment. Limited Clinical Authority and Resources revealed how institutional restrictions could prevent nurses from fully applying their competence. Resilience and Its Ethical Cost demonstrated how nurses adapted to these limitations while experiencing emotional and ethical consequences.

Together, these findings suggested that professional independence was both a developmental opportunity and a potential source of vulnerability.

The study contributed to occupational health nursing literature by highlighting the experiences of nurses working independently in manufacturing establishments in Laguna Province. Rather than treating healthcare delivery barriers solely as individual competency concerns, the findings demonstrated the importance of organizational policies, resource availability, professional support, and workplace culture.

The findings also provided a basis for improving occupational health systems through coordinated action among employers, occupational health nurses, physicians, and workplace safety personnel.

Conclusion

The study revealed that solo-duty occupational health nurses in selected districts of Laguna Province experienced professional independence as both an opportunity for competence development and a source of organizational, emotional, and ethical challenges. Three major themes emerged: Competence in Isolation, Limited Clinical Authority and Resources, and Resilience and Its Ethical Cost. Independent practice strengthened nurses' clinical judgment, confidence, and adaptability; however, inadequate resources, restricted authority, limited professional consultation, and demanding workplace responsibilities complicated healthcare delivery. Despite these challenges, participants demonstrated commitment and resilience in fulfilling their responsibilities. The findings emphasized that professional competence and individual perseverance alone were insufficient to overcome systemic barriers.

Strengthening organizational support, clarifying clinical responsibilities, and ensuring adequate resources were therefore essential considerations in promoting safe, effective, and ethically responsible occupational healthcare. As a qualitative inquiry involving six participants, the findings reflected their lived experiences rather than statistically generalizable conditions across Laguna Province.

Recommendations

Employers and occupational health administrators should strengthen institutional support for solo-duty occupational health nurses by ensuring the availability of essential medicines, medical equipment, and emergency supplies. Clear clinical responsibilities, decision-making authority, and emergency referral procedures should be established to minimize delays in healthcare delivery. Accessible physician consultation, structured mentorship, and continuing professional development should be provided to strengthen clinical competence and professional confidence. Organizations should also implement workload management measures and psychosocial support mechanisms to address emotional exhaustion, professional isolation, and ethical strain. Employee health education and workplace safety initiatives should be strengthened to improve adherence to health recommendations and occupational safety policies. Future research may involve occupational health nurses from different industries and geographical locations to examine the transferability of the findings and explore how organizational support, professional autonomy, and workplace conditions influence independent occupational health nursing practice.

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